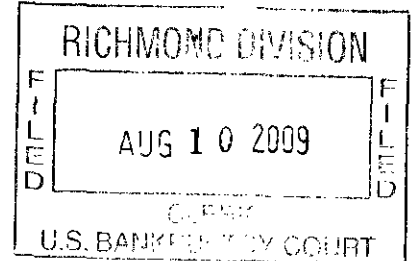


6140 NW 60th Avenue
Parkland, Florida 33067

August 5, 2009

Honorable Judge Kevin R. Huennekens
United States Bankruptcy Court
701 East Broad St., Courtroom 5100
Richmond, Virginia 23219



RE: Circuit City Stores, Inc, Et. Al.
Chapter 11
Case No. 08-35653 (KRH)

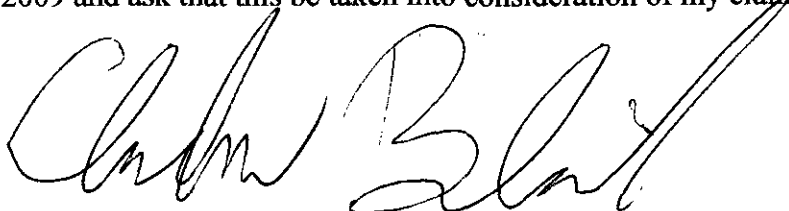
Dear Honorable Judge Huennekens:

My name is Andrew Francis Belovich. My claim number is 7302 in the amount of \$954.80. This money is owed to me by my previous employer, Circuit City Stores, Coral Springs, Florida, (Store #0863), the subject of this bankruptcy case. I worked at that store for a total of 2 years before I was laid off on March 8, 2009.

I write to object to the motion that I should not be paid for my earned time off. I have attached a copy of my original claim for you to review in considering this matter. I earned a total of 89.61 hours of paid time off that I would like to be compensated for. Had I known and been told by company management that I would not be paid, I would have used my earned time prior to my lay off date. Instead, management told me that I would be compensated and asked that I work through the period of liquidation without taking any time off. I was also told and understood from management that I would be paid for my unused paid time off in my final pay check. Obviously, this never occurred. I respectfully request that I be compensated by Circuit City for my unused time off which is a total of \$954.80. I offer a copy of my earnings statement as proof that I was an employee of the company and it also depicts my unpaid time off.

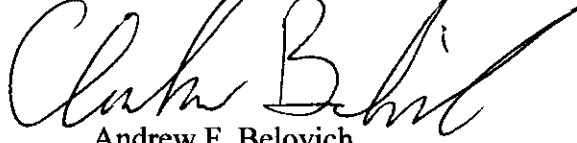
I have one witness, Lisa Leitsch, who can be reached at telephone number 954-604-9241 and verify my claim. Her signed statement supporting my claim is attached. I also attached as proof of my claim a later pay stub for the pay period ending January 29, 2009 which reflects I accrued additional hours of paid time off. I would be willing to accept the original amount claimed versus asking for an opportunity to revise my claim for additional compensation.

I cannot afford an attorney to represent me in the scheduled court hearing on August 18, 2009 and ask that this be taken into consideration of my claim.

 8/5/2009

I respectfully request that the court consider my claim and attached documents as proof of my claim and that reimbursement be ordered. Please contact me at telephone number 954-341-9344 if you have any questions.

Very Respectfully,

A handwritten signature in black ink, appearing to read 'Andrew F. Belovich', with a long, sweeping horizontal stroke at the end.

Andrew F. Belovich

Attachments:

- 1.) Original Claim dated January 25, 2009
- 2.) Copy of pay stub for pay period ending January 28, 2009
- 3.) Lisa Leitsch's statement.

Cc: Gregg M. Galardi, Ian S Fredericks; Skaden, Arps, Slate, Meager & Flom, LLP

Cc: Chris L. Dickerson; Skadden, Arps Slate, Meager & Flom, LLP

Cc: Dion W. Hayes, Douglas M Foley; McGuirewoods, LLP

Cc: Clerk of the Bankruptcy Court

7302

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA

PROOF OF CLAIM

Debtor against which claim is asserted: (Check only one box below:)

- ☒ Circuit City Stores, Inc. (Case No. 08-35653) ☐ CC Distribution Company of Virginia, Inc. (Case No. 08-35659) ☐ Abbott Advertising, Inc. (Case No. 08-35665)
- ☐ Circuit City Stores West Coast, Inc. (Case No. 08-35654) ☐ Circuit City Stores PR, LLC (Case No. 08-35660) ☐ Mayland MN, LLC (Case No. 08-35666)
- ☐ InterTAN, Inc. (Case No. 08-35655) ☐ Circuit City Properties, LLC (Case No. 08-35661) ☐ Patapasco Designs, Inc. (Case No. 08-35667)
- ☐ Ventoux International, Inc. (Case No. 08-35656) ☐ Orbyx Electronics, LLC (Case No. 08-35662) ☐ Sky Venture Corporation (Case No. 08-35668)
- ☐ Circuit City Purchasing Company, LLC (Case No. 08-35657) ☐ Kinzer Technology, LLC (Case No. 08-35663) ☐ XSSuff, LLC (Case No. 08-35669)
- ☐ CC Aviation, LLC (Case No. 08-35658) ☐ Courchevel, LLC (Case No. 08-35664) ☐ PRAHS, INC. (Case No. 08-35670)

Name of Creditor (the person or other entity to whom the debtor owes money or property):

BELOVICH, ANDREW FRANCIS

Name and address where notices should be sent:

NameID: 4965773

PackID: 345445

BELOVICH, ANDREW FRANCIS
6140 NW 60TH AVE
PARKLAND FL 33067

Telephone number: 954-341-9344

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 954,807

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Unpaid vacation totaling 89.61 hours.
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate: _____%

Amount of arrearage and other charges as of time case filed included in secured claim,

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

Date: 1/25/2009

Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Andrew Belovich P.C. Technician
Firedog

FOR COURT USE ONLY

RECEIVED

JAN 28 2009

KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MasterCode: 10038646



0835653081218074126183499

CORRENT CITY PAYROLL PO BOX 543986 CHARLOTTE, NC 28256-3986 1-800-388-4363			Pay Group: MSW NC Monthly Business Unit: USASA Employee ID: 10379039 Department: 086309 Coral Springs GS Location: FL Coral Springs			Pay Begin Date: 01/01/2009 Check #: 5507404 Pay End Date: 01/14/2009 Check Date: 01/22/2009		
ANDREW FRANCIS BELOVICH 6148 W 50th Ave Parkland, FL 32667-0000			TAX DATA: Federal FL State Marital Status: Single Not Applicable Allowances: 0 0 Addl. Pct: 0 Addl. Amt:					
HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Description	Current		
	Rate	Hours	Earnings	Hours		Earnings	Current	YTD
Regular Hourly	10.850000	48.75	528.94	182.50	1,112.13	Fed Withholding	49.13	
						Fed SMI/SS	7.47	
						Fed CA/MI/RS	32.75	
Total:		48.75	528.94	182.50	1,112.13	Total:	89.35	
BEFORE TAX DEDUCTIONS				AFTER TAX DEDUCTIONS				
Description	Current	YTD	Description	Current	YTD	401(k) Plan Fed PTO Rollover 0.00 Taken 0.00 Balance 0.00 Current PTO Rollover 82.46 Taken 1.42 Balance 89.80 EMPLOYER INCOME Current: 0.00 YTD: 0.00		
Total:	0.00	0.00	Total:	0.00	0.00			
TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		
Current:	528.94	528.94	89.35	0.00	439.59			
YTD:	1,112.13	1,112.13	191.52	0.00	920.61			

MESSAGE: VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

▽ FOLD AND TEAR HERE ▽

August 4, 2009

To Whom It May Concern:

My name is Lisa Liesch. I worked for Circuit City from September of 2003 until March of 2009.

The reason for my writing this letter is to be a witness for Andrew Belovich. It is my understanding that Andrew received a letter denying him his PTO because he didn't work for Circuit City. I personally worked along side Andrew as a coworker, manager and supervisor. Andrew worked for Circuit City for approximately two years. Andrew legitimately earned all his PTO that he claimed. We worked together at Circuit City store 0863 located at 6001 West Sample Road, Coral Springs, FL 33067.

The management team encouraged all employees to work their scheduled hours and not take time off, as employees would be able to claim any unused PTO after the store closed. To my knowledge, no members of management were allowed to put PTO in for any employee for any reason unless the employee requested off at least two weeks in advance.

If you would like to contact me, you can reach me by email, lsalgesch@gmail.com, or by phone, (954) 604-9241. Thank you for your time.

Sincerely,
Lisa Liesch

A handwritten signature in black ink, appearing to read 'Lisa Liesch', written in a cursive style.

CIRCUIT CITY PAYROLL PO BOX 563986 CHARLOTTE, NC 28256-3986 1-800-288-6353			Pay Group: HLF EC Hourly Business Unit: USANA		Pay Begin Date: 01/15/2009 Pay End Date: 01/28/2009		Check #: 5526580 Check Date: 02/05/2009																
ANDREW FRANCIS BELOVICH 6140 Nw 60th Ave Parkland, FL 33067-0000			Employee ID: 10378018 Department: 086300 Coral Springs SS Location: FL Coral Springs		TAX DATA: <table border="1"> <tr> <td></td> <td>Federal</td> <td>FL State</td> </tr> <tr> <td>Marital Status</td> <td>Single</td> <td>Not applicable</td> </tr> <tr> <td>Allowances:</td> <td>0</td> <td>0</td> </tr> <tr> <td>Addl. Pct:</td> <td></td> <td></td> </tr> <tr> <td>Addl. Amt:</td> <td></td> <td></td> </tr> </table>					Federal	FL State	Marital Status	Single	Not applicable	Allowances:	0	0	Addl. Pct:			Addl. Amt:		
	Federal	FL State																					
Marital Status	Single	Not applicable																					
Allowances:	0	0																					
Addl. Pct:																							
Addl. Amt:																							

HOURS AND EARNINGS						TAXES			
Description	Current			YTD		Description	Current	YTD	
	Rate	Hours	Earnings	Hours	Earnings				
Regular Hourly	10.850000	69.25	751.37	171.75	1,863.50	Fed Withholding	82.51	188.95	
						Fed MED/ER	10.89	27.02	
						Fed OASDI/EE	46.59	115.54	
Total:		69.25	751.37	171.75	1,863.50	Total:	139.99	331.51	

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			PTO Plan	
Description	Current	YTD	Description	Current	YTD		
						PY PTO	
						Earned	0.00
						Taken	0.00
						Balance	0.00
						Current PTO	
						Earned	85.12
						Balance	91.46
						IMPUTED INCOME	
						Current:	0.00
						YTD:	0.00
Total:	0.00	0.00	Total:	0.00	0.00		

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current: 751.37	751.37	139.99	0.00	611.38
YTD: 1,863.50	1,863.50	331.51	0.00	1,531.99

MESSAGE VERIFY YOUR PERSONAL INFO FOR 2007 W2 ACCURACY

FOLD A